R	evision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-
		STATE PLAN UN	DER TITLE XIX OF THE S	OCIAL SECURITY ACT
		State/Territory	: TENNESSEE	
		Optional Qualifie	Sliding Scale Premium ed Disabled and Working	s Imposed on g Individuals
A	qualii	ollowing method if ied disabled and i)(10)(E)(ii) of	i working individuals o	ne monthly premium imposed on covered under section
В	for pr	emium payment, r	oilling method used is notification of the con for requesting waiver o	as follows (include due date asequences of nonpayment, and of premium payment):
		on provided on a	ttachment.	
Sı	N No. persedes N No. NF	92-5 Approval D	Date 3/11/92 E	ffective Date 1/1/92
			н	CFA ID: 7986E

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	STATE PLAN UNDER State/Territory:	R TITLE XIX OF THE S TENNESSEE	OCIAL SECURITY ACT	
			re used to pay for premiums	
<u>_7</u>	Yes ,	<u>/</u> / No		
a prem	riteria used for de mium because it wou ibed below:	etermining whether the	ne agency will waive paymer ardship on an individual ar	
	4			
	,			
*Descripti	ion provided on att	achment.		

HCFA ID: 7986E